

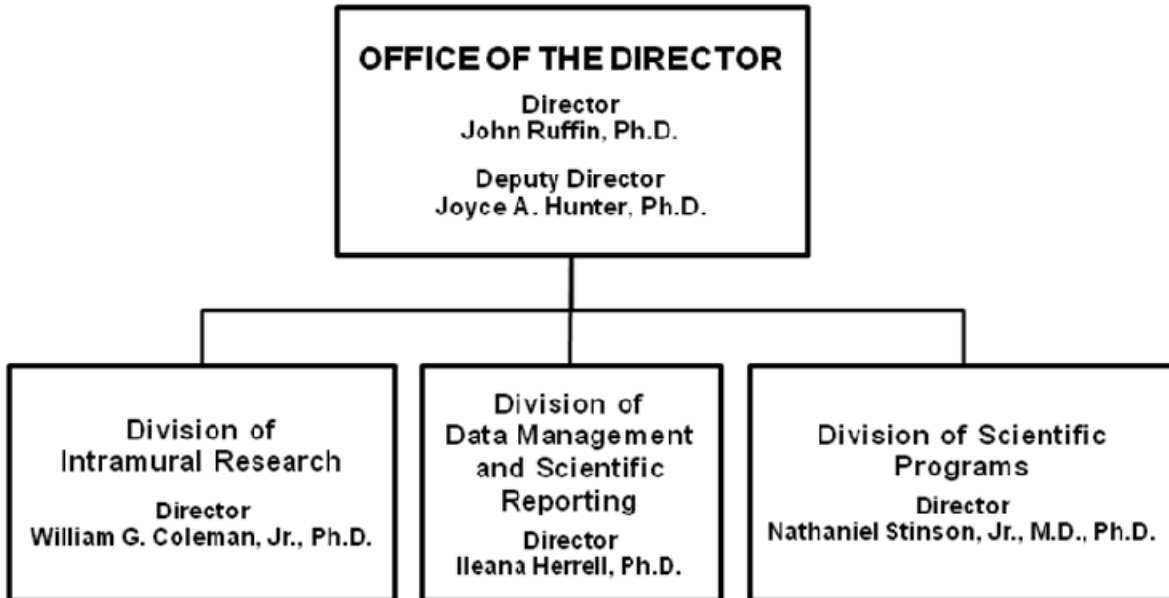
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMDH)

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**National Institutes of Health
National Institute on Minority Health and Health Disparities
Organizational Structure**



NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities

For carrying out section 301 and title IV of the PHS Act with respect to minority health and health disparities research [\$276,963,000] \$279,389,000. (*Department of Health and Human Services Appropriations Act, 2012*).

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2011 Actual	FY 2012 Enacted	FY 2013 PB
Appropriation	211,572	276,963	279,389
Type 1 Diabetes	0	0	0
Rescission	(1,858)	(523)	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	209,714	276,440	279,389
Real transfer under Secretary's transfer authority	0	(79)	0
Comparative Transfers for NCATS reorganization	66,974	0	0
Comparative Transfers to NCATS for Therapeutics and Rare and Neglected Diseases (TRND)	(173)	0	0
Comparative Transfers to NLM for NCBI and Public Access	(180)	(250)	0
Subtotal, adjusted budget authority	276,335	276,111	279,389
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	276,335	276,111	279,389
Unobligated balance lapsing	(21)	0	0
Total obligations	276,314	276,111	279,389

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2011 - \$5,000 FY 2012 - \$2,500 FY 2013 - \$0

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Mechanism - Total ^{1/}
(Dollars in Thousands)

MECHANISM	FY 2011 Actual		FY 2012 Enacted		FY 2013 PB		Change vs. FY 2012		
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	
Research Grants									
<u>Research Projects</u>									
Noncompeting	39	\$12,125	36	\$13,322	51	\$19,113	15	\$5,791	
Administrative Supplements	5	340	3	213	0	0	(3)	(213)	
Competing:									
Renewal	12	4,618	15	5,772	15	5,715	0	(57)	
New	0	0	0	0	0	0	0	0	
Supplements	0	0	0	0	0	0	0	0	
Subtotal, Competing	12	\$4,618	15	\$5,772	15	\$5,715	0	(\$57)	
Subtotal, RPGs	51	\$17,083	51	\$19,307	66	\$24,828	15	\$5,521	
SBIR/STTR	20	\$6,966	26	\$8,144	27	\$8,510	1	\$366	
Research Project Grants	71	\$24,049	77	\$27,451	93	\$33,338	16	\$5,887	
<u>Research Centers</u>									
Specialized/Comprehensive	73	\$84,897	73	\$82,563	73	\$78,871	0	(\$3,692)	
Clinical Research	0	0	0	0	0	0	0	0	
Biotechnology	0	0	0	0	0	0	0	0	
Comparative Medicine	0	0	0	0	0	0	0	0	
Research Centers in Minority Institutions	23	58,697	23	58,697	23	58,257	0	(440)	
Research Centers	96	\$143,594	96	\$141,260	96	\$137,128	0	(\$4,132)	
<u>Other Research</u>									
Research Careers	0	\$0	0	\$0	0	\$0	0	\$0	
Cancer Education	0	0	0	0	0	0	0	0	
Cooperative Clinical Research	0	0	0	0	0	0	0	0	
Biomedical Research Support	0	0	0	0	0	0	0	0	
Minority Biomedical Research Support	0	0	0	0	0	0	0	0	
Other	117	66,731	115	61,077	111	59,677	(4)	(1,400)	
Other Research	117	\$66,731	115	\$61,077	111	\$59,677	(4)	(\$1,400)	
Total Research Grants	284	\$234,374	288	\$229,788	300	\$230,143	12	\$355	
<u>Research Training</u>									
Individual Awards	<u>FTTPs</u>	0	\$0	<u>FTTPs</u>	0	\$0	<u>FTTPs</u>	0	\$0
Institutional Awards	0	0	0	0	0	0	0	0	
Total Research Training	0	\$0	0	\$0	0	\$0	0	\$0	
Research & Development Contracts	260	\$23,118	260	\$27,055	260	\$26,804	0	(\$251)	
<i>SBIR/STTR</i>	<i>0</i>	<i>\$8</i>	<i>0</i>	<i>\$11</i>	<i>0</i>	<i>\$11</i>	<i>0</i>	<i>\$0</i>	
Intramural Research	<u>FTEs</u>	5	\$3,774	<u>FTEs</u>	8	\$3,807	<u>FTEs</u>	8	\$6,981
Research Management and Support	51	15,069	48	15,461	47	15,461	(1)	0	
Construction		0		0		0		0	
Buildings and Facilities		0		0		0		0	
Total, NIMHD	56	\$276,335	56	\$276,111	55	\$279,389	(1)	\$3,278	

1/ All items in italics are "non-adds"; items in parenthesis are subtractions.

Major Changes in Fiscal Year 2013 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2013 President's Budget request for NIMHD, which is \$3.278 million more than the FY 2012 Enacted level, for a total of \$279.389 million.

Research Project Grants (RPGs: +\$5.521 million; total \$24.828 million): NIMHD will support 15 new awards in FY 2013, the same as compared to the FY 2012 Enacted level. About 51 noncompeting RPG awards, totaling \$19.113 million will also be made in FY 2013. NIH budget policy for RPGs in FY 2013 discontinues inflationary allowances and reduces the average cost of noncompeting and competing RPGs by one percent below the FY 2012 level.

Health Disparities Research Program area (+2.558 million; total \$110.390 million): Funds in this area will continue to support investigator-initiated health disparities awards, Centers of Excellence, and minority health and health disparities partnerships within the NIH and with other federal agencies.

Research Capacity-Building & Infrastructure area (-\$2.707 million; total \$123.108 million): While funds in this area will continue to support Research endowment grants; Building Research Infrastructure and Capacity (BRIC) grants; Minority Health and Health Disparities International Research Training Program grants; and Loan Repayment Programs awards, several program estimates reflect a decrease in the average cost of the awards based on non-competing commitments. Funds in this area will also support the Research Centers in Minority Institutions Program, previously funded under the National Center for Research Resources.

Intramural Research area (+\$3.174 million; total \$6.981 million): Funds in this area will support intramural investigators conducting minority health or health disparities research.

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Summary of Changes
(Dollars in Thousands)

FY 2012 Enacted				\$276,111
FY 2013 President's Budget				\$279,389
Net change				\$3,278
CHANGES	2013 President's Budget		Change from FY 2012	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2012 pay increase & benefits		\$1,309		\$0
b. January FY 2013 pay increase & benefits		1,309		4
c. One more day of pay		1,309		5
d. Annualization of PY net hires		1,309		0
e. Payment for centrally furnished services		495		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,177		0
Subtotal				\$9
2. Research Management and Support:				
a. Annualization of January 2012 pay increase & benefits		\$9,681		\$1
b. January FY 2013 pay increase & benefits		9,681		32
c. One more day of pay		9,681		38
d. Annualization of PY net hires		9,681		0
e. Payment for centrally furnished services		783		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		4,997		0
Subtotal				\$71
Subtotal, Built-in				\$80

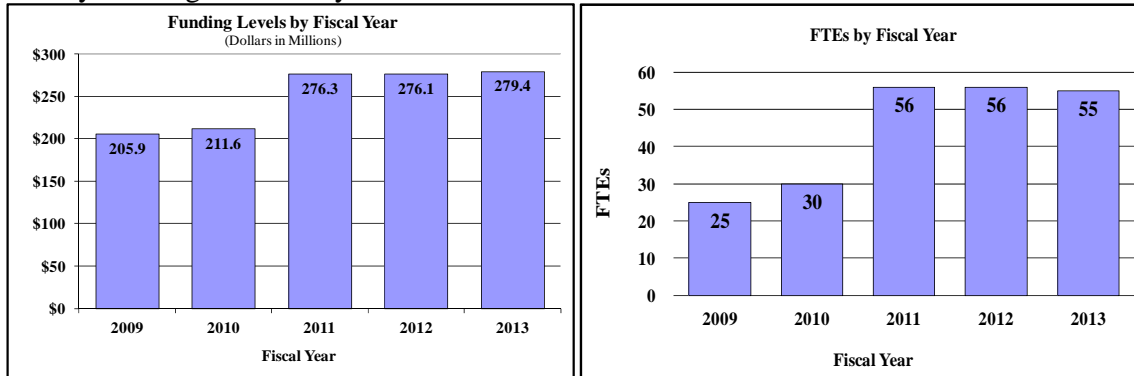
NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Summary of Changes--continued

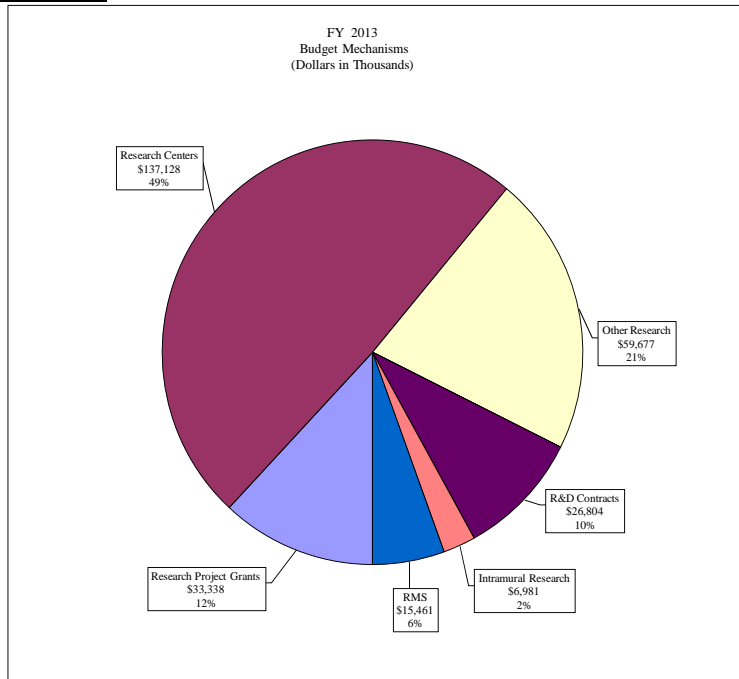
CHANGES	2013 President's Budget		Change from FY 2012	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	51	\$19,113	15	\$5,578
b. Competing	15	5,715	0	(57)
c. SBIR/STTR	27	8,510	1	366
Total	93	\$33,338	16	\$5,887
2. Research Centers	96	\$137,128	0	(\$4,132)
3. Other Research	111	59,677	(4)	(1,400)
4. Research Training	0	0	0	0
5. Research and development contracts	260	26,804	0	(251)
Subtotal, Extramural		\$256,947		\$104
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural Research	8	\$6,981	0	\$3,165
7. Research Management and Support	47	15,461	(1)	(71)
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	55	\$279,389	(1)	\$3,198
Total changes				\$3,278

Fiscal Year 2013 Budget Graphs

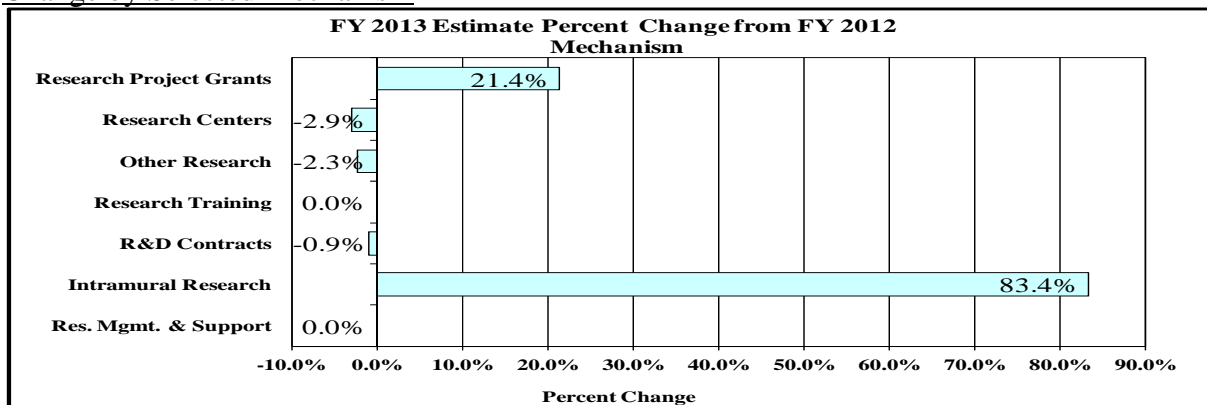
History of Budget Authority and FTEs



Distribution by Mechanism



Change by Selected Mechanism



NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Authority by Activity
(Dollars in Thousands)

	FY 2011 Actual		FY 2012 Enacted		FY 2013 PB		Change vs. FY 2012 Enacted	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research								
<u>Detail:</u>								
Health Disparities Research		\$99,831		\$107,832		\$110,390		2,558
Research Capacity-Building & Infrastructure		133,262		125,815		123,108		(2,707)
<i>Research Centers in Minority Institutions (non-add)</i>		58,697		58,697		58,257		(440)
Outreach and Information Dissemination		24,399		23,196		23,449		253
Subtotal, Extramural		\$257,492		\$256,843		\$256,947		\$104
Intramural Research	5	\$3,774	8	\$3,807	8	\$6,981	0	\$3,174
Research Management & Support	51	\$15,069	48	\$15,461	47	\$15,461	(1)	\$0
TOTAL	56	\$276,335	56	\$276,111	55	\$279,389	(1)	\$3,278

1. Includes FTEs which are reimbursed from the NIH Common Fund.
2. Includes Real Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.
3. RCMi program transferred from the NCRR is reflected under Research Capacity-Building & Infrastructure.

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2012 Amount Authorized	FY 2012 Enacted	2013 Amount Authorized	FY 2013 PB
Research and Investigation	Section 301	42§241	Indefinite	\$276,111,345	Indefinite	\$279,389,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$276,111,345		\$279,389,000

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2004	\$192,724,000	\$192,724,000	\$192,824,000	\$192,724,000
Rescission				(\$1,253,000)
2005	\$196,780,000	\$196,780,000	\$197,900,000	\$197,780,000
Rescission				(\$1,621,000)
2006	\$197,379,000	\$197,379,000	\$203,367,000	\$197,379,000
Rescission				(\$1,974,000)
2007	\$194,299,000	\$194,299,000	\$196,771,000	\$199,444,000
Rescission				\$0
2008	\$194,495,000	\$202,691,000	\$203,895,000	\$203,117,000
Rescission				(\$3,548,000)
Supplemental				\$1,061,000
2009	\$199,762,000	\$206,632,000	\$205,322,000	\$205,959,000
Rescission				\$0
2010	\$208,844,000	\$213,316,000	\$209,508,000	\$211,572,000
Rescission				\$0
2011	\$219,046,000		\$218,705,000	\$211,572,000
Rescission				(\$1,857,728)
2012	\$214,608,000	\$214,608,000	\$272,650,000	\$276,963,000
Rescission				(\$523,460)
2013	\$279,389,000			

Justification of Budget Request

National Institute on Minority Health and Health Disparities

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended.

Budget Authority:

	FY 2011 Actual	FY 2012 Enacted	FY 2013 President's Budget Request	FY 2013 +/ - FY 2012
BA	\$276,335,000	\$276,111,000	\$279,389,000	+3,278,000
FTE	56	56	55	-1

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Director's Overview

The mission of the National Institute on Minority Health and Health Disparities (NIMHD) is to lead scientific research to improve minority health and eliminate health disparities. As embodied in Public Law 106-525 and Public Law 111-148, NIMHD is responsible for planning, reviewing, coordinating, and evaluating all minority health and health disparities research and activities of the National Institutes of Health (NIH). According to *Healthy People 2020*, a health disparity is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”¹ Racial and ethnic minority populations, low socio-economic status populations, and rural populations are disproportionately burdened by many diseases and conditions, resulting in health disparities.

The elimination of health disparities requires a trans-disciplinary framework that fosters an integrated approach across multiple disciplines, including biology, genetics, environmental science, economics, and behavioral and social sciences. Such an approach is necessary because of the interplay between the biological and social factors in causing health disparities. NIMHD will strengthen its basic, clinical, social, environmental, and behavioral research portfolio through both the initiation and support of research projects that are focused on the unequal burden of illness. A NIMHD Health Disparities Research Grant project designed to identify survival patterns among Florida residents with HIV/AIDS found that although disparities have declined since the introduction of antiretroviral therapy, African-Americans and people living in high-poverty areas with HIV/AIDS remain at higher risk of death. These findings indicate the need to increase access and adherence to antiretroviral therapy in these vulnerable groups. For this work, the Principal Investigator was awarded the 2010 Presidential Early Career Award for Scientists and Engineers (PECASE).

¹ U.S. Department of Health and Human Services. “About Healthy People. Disparities.” Accessed January 19, 2012. <http://www.healthypeople.gov/2020/about/DisparitiesAbout.aspx>

In FY 2011, NIMHD created the Resources Related Minority Health and Health Disparities Research Grant with the purpose to embrace strategic partnerships and collaboration with other HHS and federal agencies scientific and public health researchers, health planners, community leaders representing minority and health disparity populations, and health policy experts. The intent is to encourage greater coordination, investment, and national focus on health disparities research in the areas of: (1) bioethics, which will foster greater participation of racial and ethnic minority populations in clinical trials; (2) global health research, which is designed to foster a greater understanding of U.S. health disparities through projects that will enhance the resources or infrastructure for furthering global health disparities research; (3) data infrastructure and information dissemination on health disparities; and (4) healthcare for rural populations, which is designed to enhance the resources or infrastructure for furthering health services research projects in the U.S. that will increase access to and improve the quality of healthcare for rural populations.

Strengthening the institutional infrastructure and capacity for minority health and health disparities research, and increasing the involvement of individuals from health disparity populations in clinical research -- both as researchers and participants -- is critical to the success in improving minority health and eliminating health disparities. NIMHD' Loan Repayment Program (LRP) supports highly qualified health professionals through two-year loan repayment awards to conduct health disparities research or clinical research. For example, NCMHD loan repayment recipients were involved in a research project investigating the MYH9 gene in African- Americans, its association with kidney disease, and its impact on structural tissue changes. Building upon the LRP, NIMHD developed the Disparities Research Education Advancing our Mission (DREAM) Program. DREAM is the first program within the NIMHD Intramural Research Program aimed at facilitating the transition of early stage investigators to independent investigators. It provides successful applicants with a two year opportunity to conduct research within the NIH Intramural Research Program through placement within laboratories at NIH Institutes and Centers (ICs) that match a candidate's research interest.

In FY 2013, NIMHD plans to advance its health disparities research agenda by:

- Expanding its translational and transdisciplinary research to include community and population health intervention studies that integrate disease prevention with modifiable determinants of health;
- Advancing research on the health outcomes over the life span that are impacted over the life course, including early programming and cumulative pathways through adulthood;
- Supporting and conducting research aimed at addressing the conceptual, definitional, and methodological limitations of health disparities research through improved measurement models, quantitative and qualitative data collection, analysis, tracking, and evaluation;
- Supporting and conducting epidemiological studies and research that patterns and/or maps social, economic, and environmental determinants; and
- Strengthening and advancing the research infrastructure in collaboration with other ICs in order to promote training and workforce development initiatives as a way to increase the pool of diverse health disparities researchers and offer training and mentoring

opportunities for students, trainees, and faculty from health disparity populations interested in health-related research.

Overall IC Budget Policy:

The FY 2013 President's Budget request is \$279.389 million, an increase of \$3.278 million, or 1.19 percent over the FY 2012 Enacted level. The request includes funds to support the NIMHD's core extramural programs, including Centers of Excellence, Loan Repayment Programs, and Research Endowment. The NIMHD will also continue to support new investigators through its intramural research program and investigator-initiated health disparities research projects. Additionally, this request includes funding for the Research Centers in Minority Institutions (RCMI) Program, previously reflected under the National Center for Research Resources.

Funds are included in R&D contracts to support trans-NIH initiatives, such as the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Program Descriptions and Accomplishments

Health Disparities Research: Health disparities are the result of the interaction of multiple chronic influences, including social, environmental, behavioral, and biological factors. This program supports research to enhance the scientific knowledge necessary to develop interventions that may lead to disease prevention and treatment for health disparity populations. Through various programs, the NIMHD conducts research to develop evidence-based research methodologies and strategies that are essential in improving prevention, diagnosis, and treatment methods; trains health disparities researchers; and engages the community to become active participants in health disparities research. In addition, NIMHD provides the opportunity for researchers to initiate research projects that target the improvement of minority health and health disparities. One example is a project to identify obesity risk factors during pregnancy, infancy, and early childhood which found that Black and Hispanic children have a higher prevalence than white children of a range of risk factors for obesity by pre-school age, including maternal depression, early initiation of solid food consumption, and intake of sugar-sweetened beverages. Results suggest the need for interventions in very early life to reduce disparities in childhood and adult obesity. The publication reporting these findings was named as one of the Robert Wood Johnson Foundation's Most Influential Research Articles of 2010.

Budget Policy: The FY 2013 President Budget's request is \$110.390 million, an increase of \$2.558 million, or 2.37 percent above the FY 2012 Enacted level. During FY 2013, NIMHD plans to increase support for investigator-initiated health disparities research projects as outlined in the major changes section, provide continuation support for Centers of Excellence, and support collaborations that expand the NIMHD health disparity research agenda.

Program Portrait: Transformational, Transdisciplinary, and Translational Research: Investing in Basic Research -- Centers of Excellence Program

FY 2012 Level: \$68.4 million

FY 2013 Level: \$65.9 million

Change: -\$2.5 million

The *Centers of Excellence (COE) Program* funding assists academic institutions in developing a comprehensive approach to the improvement in minority health and the elimination of health disparities. COEs function as a platform for the development of research subprojects, recruitment and training of diverse researchers, and engaging the community in outreach activities to ensure access to the clinical benefits from NIH research. Moreover, in partnership with the HHS Office of Minority Health, the scope of the NIMHD COE program was expanded to include comparative effectiveness research (CER) as a critical part of the strategy to understand and eliminate health disparities. For FY 2013, NIMHD plans to continue to support COE research activities. Examples of ongoing research include:

- A COE study exploring what age is most efficacious to expose Mexican heritage youth to drug abuse (alcohol, cigarettes, marijuana, or inhalants) prevention found that interventions in middle school altered the trajectories of the use of all four substances for Mexican heritage youth.
- To address the increasing rates of obesity among U.S. adolescents, a condition that frequently leads to diabetes, COE researchers have analyzed associations between insulin resistance and other markers of disease in a sample of Mexican American adolescents from a severely disadvantaged community on the Texas-Mexico border.
- COE researchers have acquired evidence as part of an ongoing research project that supports the hypothesis that the loss of function of a molecule that promotes cell adhesion contributes to the development of the aggressive breast cancer that is commonly found in African American women. Future studies will be conducted to assess the correlation between levels of this molecule and clinical and pathological data obtained from patients.

Research Capacity-Building & Infrastructure: The ability to conduct biomedical research requires access to sufficient resources (both physical and human capital). The purpose of this program is to strengthen the infrastructure of academic institutions and to increase the number of researchers interested in minority health and health disparities research. For example, NIMHD funding was instrumental in the creation of a new college within the organizational confines of the University of Texas at Brownsville. This biomedical research entity will be a centerpiece of the university's effort to alleviate health disparities within the Lower Rio Grande Valley Region of Texas. NIMHD has also provided support to institutions for student training and faculty development; conferences on health disparities; and the creation of endowed chair programs. The human capital requirements for research are being addressed by NIMHD through efforts focusing on increasing the biomedical workforce through educational loan repayment incentives, research training opportunities, and science educational opportunities.

Budget Policy: The FY 2013 President's Budget request is \$123.108 million, a decrease of \$2.707 million or 2.15 percent below the FY 2012 Enacted level. In FY 2013, NIMHD plans to continue supporting the Research Endowment, Building Research Infrastructure and Capacity (BRIC), Minority Health and Health Disparities International Research Training (MHIRT), and the Loan Repayment Programs. In addition, NIMHD will support the Research Centers in Minority Institutions (RCMI) Program. In FY 2013, \$ 58.257 million is requested for the RCMI

program to support the NIMHD's efforts to strengthen capacity-building and infrastructure already underway through the NIMHD Research Endowment program and BRIC program.

Program Portrait: Enhancement of Research Infrastructure and Capacity – Increasing the Biomedical Workforce

FY 2012 Level: \$20.5 million

FY 2013 Level: \$20.5 million

Change: \$0.0 million

NIMHD supports the enhancement of research capacity through the development of initiatives that support increasing the biomedical workforce of individuals interested in minority health and health disparities research. Programs target individuals along the educational continuum from K-12 to post-doctoral status. These initiatives seek pivotal points in an individual's educational progress to devise interventions to foster the attainment of further educational goals.

- NIMHD supports two extramural Loan Repayment Programs (LRP) – Health Disparities Research (HDR) Loan Repayment Program and the Extramural Clinical Research for Individuals from Disadvantaged Backgrounds (ECR) Loan Repayment Program. Both programs recruit and retain highly qualified scientist or health professionals with doctorate degrees interested in research careers related to the elimination of health disparities. From 2001 to 2010, NIMHD has funded over 2,200 scholars through the program.
- The NIMHD Minority Health and Health Disparities International Research Training (MHIRT) program supports institutions that offer short-term mentored international research training opportunities to qualified undergraduate, graduate, and health professions students who are from health disparities populations and/or are underrepresented in basic science, biomedical, clinical, or behavioral health research career fields. Currently, MHIRT student trainees are assigned to over 40 countries.
- In FY 2012, NIMHD established the Science Education Initiative which supports educational, mentoring and career development programs for individuals from health disparity populations that are underrepresented in the science. The programs focus on individuals in the educational pipeline from kindergarten through early stage investigators.

Outreach and Information Dissemination: The elimination of health disparities is a challenge that cannot be realized without the substantial involvement of the communities that are affected by the disproportionate burden of disease, sickness, and disability. Engaging, mobilizing, and empowering health disparity communities to be active partners involved in every aspect of its research, training, capacity building, outreach, and information dissemination is essential to ensuring access to NIH research. This program supports the translation and dissemination of scientific information to improve clinical practice, to enhance the evidence base for health care decisions, and to improve the health behaviors of health disparity populations. The NIMHD Community-Based Participatory Research (CBPR) Initiative supports the collaboration between researchers and health disparity communities to develop, implement, evaluate, and disseminate interventions designed to foster sustainable efforts at the community level that will accelerate the translation of research advances to health disparity populations and eliminate health disparities. Disease conditions identified by the community as a priority represent the focal point for the

research efforts. The NIMHD Conferences and Scientific Meetings Initiative is a vehicle for supporting effective dialogue between health disparities researchers and the public in regard to important aspects of health. For example, the Third Annual Health Literacy Conference convened researchers from around the country as a continuing discussion on building the science evidence base for health literacy interventions as a means of addressing health disparities.

Budget Policy: The FY 2013 President's Budget request is \$23.449 million, an increase of \$0.253 million or 1.09 percent over the FY 2012 Enacted level. In FY 2013, NIMHD will support the dissemination phase of the Community-Based Participatory Research Initiative. Following an assessment of the effectiveness of this program, NIMHD will launch a new 11-year cycle with a funding opportunity announcement for the planning phase.

Program Portrait: Collaborative Partnerships, Outreach, and Information Dissemination -- Community-Based Participatory Research (CBPR) Initiative

FY 2012 Level: \$22.0 million

FY 2013 Level: \$22.0 million

Change: \$0.0 million

The *Community Based Participatory Research (CBPR)* Initiative has been successful in establishing strong and effective community partnerships; recruiting health disparity populations into clinical research; implementing culturally-appropriate interventions; and placing research emphasis on the social determinants of health. The CBPR Initiative is implemented in three phases: research planning phase (three years), intervention research phase (five years), and information dissemination phase (three years). Currently, there are 40 institutions/organizations in their fourth year of implementing clinical trials aimed at reducing cardiovascular disease, diabetes, obesity and related complications, promoting mental health, preventing of substance abuse, promoting cancer screenings and vaccinations, HIV prevention, as well as other health conditions. CBPR grantees have published over 50 peer-reviewed manuscripts addressing methodological issues, recruitment and retention of health disparity populations in clinical trials, and highlighting effective strategies to engage communities in health promotion efforts. In FY 2013, the Dissemination Phase of the CBPR Initiative will commence with interventions that have proven to be effective at improving health and health behaviors. The end of this phase will conclude the eleven year cycle of the CBPR Initiative. At that time, data will be available that allows for a complete assessment of the effectiveness of CBPR approaches in engaging and empowering health disparity communities to effectively improve their health.

Intramural Research: The NIMHD *Intramural Research Program (IRP)* supports research that links the biological and non-biological determinants of health in health disparity populations and creates training and mentorship opportunities to expand the intramural researcher pool studying health disparities. This includes individuals from health disparity populations, and early stage investigators. The IRP recently developed a five-year strategic plan, which is consistent with and supportive of the mission of NIMHD. Specific example of program goals and accomplishments include catalyzing scientific innovation and stimulating collaborations across the ICs to advance trans-NIH health disparities priorities, providing leadership for implementation of the NIH Health Disparities Strategic Plan and Budget, stimulating collaborations across HHS and other federal agencies on health disparities, and supporting NIH efforts to assure a diverse scientific workforce to support a national biomedical and behavioral research enterprise that provides an equal opportunity for success to all through NIMHD intramural and extramural programs.

The NIMHD *Disparities Research Education Advancing our Mission (DREAM)* program, which currently supports eight fellows, is a collaborative initiative with other ICs that serves as an entry into the IRP for highly qualified health disparities researchers. These researchers spend two years as fellows in the IRP and then return to their extramural academic institutions with three years of research funding support. NIMHD is promoting cross-cutting research and supporting fellows in the following five ICs: National Cancer Institute, National Institute on Aging, National Institute on Mental Health, Eunice Kennedy Shriver National Institute on Child Health and Human Development, and the National Human Genome Research Institute.

Budget Policy: The FY 2013 President's Budget request is \$6.981 million, an increase of \$3.174 million or 83.37 percent over the FY 2012 Enacted level. In FY 2013, NIMHD will continue funding of the NIMHD Intramural Program by supporting intramural investigators conducting minority health or health disparities research.

Research Management and Support (RMS): RMS activities provide administrative, budgetary, logistical, and scientific support for the review, award, and monitoring of research grants, training awards, and research and development contracts. The functions of RMS also encompass strategic planning, coordination, and evaluation of the Institute's programs and liaison with members of Congress, other federal agencies, and the American public.

Budget Policy: The FY 2013 President's Budget request is \$15.461 million, the same as the FY 2012 Enacted level. This funding will support 55 FTEs.

NATIONAL INSTITUTES OF HEALTH
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Budget Authority by Object
(Dollars in Thousands)

	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Total compensable workyears:			
Full-time employment	56	55	(1)
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary (<i>in dollars</i>)	\$0	\$0	\$0
Average GM/GS grade	13.4	13.4	0.0
Average GM/GS salary (<i>in dollars</i>)	\$97	\$97	\$0
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207) (<i>in dollars</i>)	\$116	\$118	\$2
Average salary of ungraded positions (<i>in dollars</i>)	132	132	0
OBJECT CLASSES	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$6,157	\$6,065	(\$92)
11.3 Other than full-time permanent	2,092	2,086	(6)
11.5 Other personnel compensation	252	250	(2)
11.7 Military personnel	286	287	1
11.8 Special personnel services payments	50	51	1
Total, Personnel Compensation	\$8,837	\$8,739	(\$98)
12.0 Personnel benefits	\$2,092	\$2,069	(\$23)
12.2 Military personnel benefits	185	182	(3)
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	\$11,114	\$10,990	(\$124)
21.0 Travel and transportation of persons	\$142	\$114	(\$28)
22.0 Transportation of things	30	30	0
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	0	0	0
23.3 Communications, utilities and miscellaneous charges	68	68	0
24.0 Printing and reproduction	72	72	0
25.1 Consulting services	101	101	0
25.2 Other services	1,127	2,451	1,324
25.3 Purchase of goods and services from government accounts	18,658	21,981	3,323
25.4 Operation and maintenance of facilities	30	30	0
25.5 Research and development contracts	14,772	13,200	(1,572)
25.6 Medical care	0	0	0
25.7 Operation and maintenance of equipment	13	13	0
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	\$34,701	\$37,776	\$3,075
26.0 Supplies and materials	\$37	\$37	\$0
31.0 Equipment	159	159	0
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	229,788	230,143	355
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	\$264,997	\$268,399	\$3,402
Total Budget Authority by Object	\$276,111	\$279,389	\$3,278

Includes FTEs which are reimbursed from the NIH Common Fund.

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Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	\$6,157	\$6,065	(\$92)
Other than full-time permanent (11.3)	2,092	2,086	(6)
Other personnel compensation (11.5)	252	250	(2)
Military personnel (11.7)	286	287	1
Special personnel services payments (11.8)	50	51	1
Total Personnel Compensation (11.9)	\$8,837	\$8,739	(\$98)
Civilian personnel benefits (12.1)	\$2,092	\$2,069	(\$23)
Military personnel benefits (12.2)	185	182	(3)
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	\$11,114	\$10,990	(\$124)
Travel (21.0)	\$142	\$114	(\$28)
Transportation of things (22.0)	30	30	0
Rental payments to others (23.2)	0	0	0
Communications, utilities and miscellaneous charges (23.3)	68	68	0
Printing and reproduction (24.0)	72	72	0
Other Contractual Services:			
Advisory and assistance services (25.1)	101	101	0
Other services (25.2)	1,127	2,451	1,324
Purchases from government accounts (25.3)	8,353	9,685	1,332
Operation and maintenance of facilities (25.4)	30	30	0
Operation and maintenance of equipment (25.7)	13	13	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	\$9,624	\$12,280	\$2,656
Supplies and materials (26.0)	\$37	\$37	\$0
Subtotal, Non-Pay Costs	\$9,973	\$12,601	\$2,628
Total, Administrative Costs	\$21,087	\$23,591	\$2,504

NATIONAL INSTITUTES OF HEALTH
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Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2011 Actual			FY 2012 Enacted			FY 2013 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	29	0	29	29	0	29	28	0	28
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	29	0	29	29	0	29	28	0	28
Division of Intramural Research									
Direct:	5	0	5	5	0	5	5	0	5
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	5	0	5	5	0	5	5	0	5
Division of Data Management and Scientific Reporting									
Direct:	4	0	4	4	0	4	4	0	4
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	4	0	4	4	0	4	4	0	4
Division of Scientific Programs									
Direct:	16	2	18	16	2	18	18	0	18
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	16	2	18	16	2	18	18	0	18
Total	54	2	56	54	2	56	55	0	55
Includes FTEs which are reimbursed from the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2009	13.6								
2010	13.3								
2011	13.4								
2012	13.4								
2013	13.4								

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Detail of Positions

GRADE	FY 2011 Actual	FY 2012 Enacted	FY 2013 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	7	7	7
GM/GS-14	8	8	8
GM/GS-13	10	10	10
GS-12	13	13	12
GS-11	3	3	3
GS-10	0	0	0
GS-9	2	2	2
GS-8	2	2	2
GS-7	1	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	46	46	45
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	21	21	21
Total permanent positions	48	48	47
Total positions, end of year	69	69	68
Total full-time equivalent (FTE) employment, end of year	56	56	55
Average ES salary	0	0	0
Average GM/GS grade	13.4	13.4	13.4
Average GM/GS salary	97	97	97

Includes FTEs which are reimbursed from the NIH Common Fund.